Notice of Exempt Offering of Securities

Washington, DC U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

em 1. issuer's identity			103212
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
The LMC Compass Fund, L.P.		<u> </u>	Corporation
Jurisdiction of Incorporation/Organization	 - <u></u>		■ Limited Partnership
Delaware			Limited Liability Company
			General Partnership
Year of Incorporation/Organization			Business Trust
(Select one) (a) Over Five Years Ago (b) Within Last Five Years	Yet to Be	Formed	Other (Specify)
(specify year)		, Milled	" - " - " - " - " - " - " - " - " - " -
If more than one issuer is filing this notice, check thi	s box and identify addit	tional issuer(s) by attac	MAR SOUD
tem 2. Principal Place of Business and C		solution and the second	Ining items 1 and 2 Continuation Page
Street Address 1		et Address 2	74.74
610 N. Bragg Avenue			
			Ohana Ma
		Postal Code	Phone No.
Lookout Mountain TN	[373	150	423-821-0007
em 3. Related Persons			_
Last Name	First Name		Middle Name
Lookout Mountain Capital, Inc.			
Street Address 1	Stre	et Address 2	
610 N. Bragg Avenue			
	rovince/Country ZIP/	Postal Code	
Lookout Mountain TN	373	150	
		<u>~</u>	09035333
Relationship(s): X Executive Officer Dire			<u> </u>
Clarification of Response (If Necessary) general p	partner to the issuer		
(identify addi	tional related persons by cl	necking this box X ar	nd attaching Item 3 Continuation Page
tem 4. Industry Group (Select one)			
○ Agriculture	Business Serv	rices	Construction
Banking and Financial Services Commercial Banking	Energy	148	REITS & Finance
Insurance	Electric Utili Energy Con		Residential
Investing	Coal Mining		Other Real Estate
Investment Banking	Environmen		Retailing
Pooled Investment Fund	Oil & Gas		Restaurants
If selecting this industry group, also select one f	<u> </u>	JA	Technology
type below and answer the question below:	Health Care		Computers
Hedge Fund	Biotechnolo	>gy	Telecommunications
Private Equity Fund	Health Insur		Other Technology
Venture Capital Fund	Hospitals & I	Physcians	Travel
Other Investment Fund	Pharmaceut	_	Airlines & Airports
is the issuer registered as an investment	Orber Healt		Conventions Lodging & Conventions
company under the Investment Company Act of 1940? Yes No	Manufacturin		Tourism & Travel Services
Other Banking & Financial Services	Real Estate	7	Other Travel

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Revenue Range (for issuer not specifying "hedge" or "other investment" fund in item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund Item 4 above)
O No Revenues	OR	No Aggregate Net Asset Value
\$1-\$1,000,000		S1-\$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
Decline to Disclose		Decline to Disclose
Nat Applicable		Not Applicable
em 6. Federal Exemptions and Exclusions Cla	simed (S	elect all that apply)
	nvestment Co	mpany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3	(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3	(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	— ☐ Section 3	
Rule 504(b)(1)(iii)	Section 3	
Rule 505	Section 3	
	Section)(a)(A)
Securities Act Section 4(6)	Section	3ection 3(c)(14)
,		.(4)(.)
tem 7. Type of Filing	-	
No. No. No.	nt	
New Notice OR	_	☐ First Sale Yet to Occur
New Notice OR	or [First Sale Yet to Occur
New Notice OR	_	First Sale Yet to Occur
New Notice OR	OR [First Sale Yet to Occur
New Notice OR • Amendment of First Sale in this Offering: 01/01/1995 em 8. Duration of Offering Does the issuer intend this offering to last more than	OR [∑ Yes ☐ No
New Notice OR • Amendment of First Sale in this Offering: 01/01/1995 tem 8. Duration of Offering Does the issuer intend this offering to last more than	OR Cone year?	∑ Yes ☐ No
tem 8. Duration of Offering Does the issuer intend this offering to last more than tem 9. Type(s) of Securities Offered (Select	OR Cone year?	∑ Yes ☐ No
New Notice OR	OR Cone year? all that ap Poole Tena	
New Notice OR	OR One year? all that ap Poole Tenal Mine	
New Notice OR	OR One year? all that ap Poole Tenal Mine	Ply) ed Investment Fund Interests nt-in-Common Securities ral Property Securities
New Notice OR	OR One year? all that ap Poole Tenal Mine	Ply) ed Investment Fund Interests nt-in-Common Securities ral Property Securities
New Notice OR	OR One year? all that ap Poole Tenal Mine	Ply) ed Investment Fund Interests nt-in-Common Securities ral Property Securities
New Notice OR	one year? all that ap Poole Tena Mine Other	Ply) ed Investment Fund Interests nt-in-Common Securities ral Property Securities (Describe)

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Item 11. Minimum Investment								_	
Minimum investment accepted from any c	outside investor \$	50,000			<u></u>				
item 12. Sales Compensation							·		
Redpient		Reciplent (IRO Num	ıber					
MIT Associates, LLC	· · · · · · · · · · · · · · · · · · ·	121171					□ N	o CRD Nur	nber
(Associated) Broker or Dealer No	ле	(Associated	d) Broker	or Dealer	CRD Nun	nber			
		1					Пм	o CRO Nur	nber
Street Address 1	***************************************	Street Addre	ess 2				···		
300 Atlantic Street		11th Floor	-						
City	State/Province	e/Country	ZIP/Pos	tal Code					 J
Stamford	σ		06901						
States of Solicitation X All States									
IL IN IA KS	□KY □LA □	ر المنظل		MA [] MJ		IN _] MS [MO
RI SC SD TN	□ tx □ UT □	CONTRACTOR OF THE PARTY OF THE	A 🗌	WA [WV] WY	PR
(Identify additional person(s			_		_			-	_
Item 13. Offering and Sales Amou	•								•
(-) T-t-10ff-tre 1									
(a) Total Offering Amount					OR	X	Indefini	te	
(b) Total Amount Sold \$	46,750,449								
(c) Total Remaining to be Sold (Subtract (a) from (b))					OR	$[\Sigma]$	Indefini	te	
Clarification of Response (if Necessary)									
Net asset value as of January 31, 2009.	The issuer is an open-	ended fund	•						
Item 14. Investors		·							
Check this box ✓ if securities in the offering number of such non-accredited investors we	ig have been or may be tho already have invest	sold to perso ed in the offer	ns who d ing: 2		lify as acc	redite	d inves	tors, and e	nter the
Enter the total number of investors who all	ready have invested in a	the offering:	66						
Item 15. Sales Commissions and	Finders' Fees Ex	penses							_
Provide separately the amounts of sales concheck the box next to the amount.	mmissions and finders	fees expenses	i, if any.	If an amo	unt is not	know	n, prov	ide an esti	mate and
		Sales Commi	ssions \$	9,787			X	Estimat	e
Clarification of Response (if Necessary)		Finders	'Fees\$	0				Estimat	e

number.

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tem 16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has been used for payments to any of the persons required to be named as directors or promoters in response to item 3 above, if the amount is unestimate and check the box next to the amount.	executive officers. \$ 2,099,000	Estimate
Clarification of Response (if Necessary)		
Signature and Submission		
Please verify the information you have entered and review the	e Terms of Submission below before signing and	submitting this notice.
Terms of Submission. In Submitting this notice, each	identified issuer is:	
Notifying the SEC and/or each State in which this r	notice is filed of the offering of securities describ	ect and
undertaking to furnish them, upon written request, in accord	•	
Interocably appointing each of the Secretary of the		_
the State in which the Issuer maintains its principal place of process, and agreeing that these persons may accept service	•	
such service may be made by registered or certified mail, in		
against the issuer in any place subject to the jurisdiction of t		
activity in connection with the offering of securities that is the		
provisions of: (i) the Securities Act of 1933, the Securities Exc		
Company Act of 1940, or the Investment Advisers Act of 194	0, or any rule or regulation under any of these st	tatutes; or (ii) the laws of the
State in which the issuer maintains its principal place of busi		
Certifying that, if the issuer is claiming a Rule 505 e	exemption, the issuer is not disqualified from rely	ying on <u>Rule 505 for one of</u>
the reasons stated in Rule 505(b)(2)(iii).		
This undertaking does not affect any limits Section 102(a) of the N 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to rec "covered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority.	quire information. As a result, if the securities that are i or due to the nature of the offering that is the subject	the subject of this Form D are to finis Form D, States cannot
Each identified Issuer has read this notice, knows the content undersigned duly authorized person. (Check this box in item 1 above but not represented by signer below.)	ts to be true, and has duly caused this notice to nd attach Signature Continuation Pages for sign	be signed on its behalf by the atures of Issuers identified
lssuer(s)	Name of Signer	
The LMC Compass Fund, L.P.	Theodore C. Caldwell	
Signature	Title	
Theodore C. Calwell	President	
Number of continues to a second of the second		Date
Number of continuation pages attached: 1		03/10/2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Caldwell	Theodore		Chandlee
itreet Address 1		Street Address 2	
510 N. Bragg Avenue			
lity	State/Province/Country	ZIP/Postal Code	
ookout Mountain	TN	37350	
Relationship(s): X Executive Office	r Director Promoter		
Clarification of Response (if Necessary)			
			Middle Name
Last Name	First Name		
Caldwell	Elizabeth	Store A Address 5	Walters
Street Address 1		Street Address 2	
610 N. Bragg Avenue	C		
City	State/Province/Country	ZiP/Postal Code	
Lookout Mountain	TN	37350	
Relationship(s): Executive Office Clarification of Response (if Necessary) ———————————————————————————————————			Middle Name
Clarification of Response (if Necessary) Last Name	First Name	Street Address 2	Middle Name
Clarification of Response (if Necessary)		Street Address 2	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1			Middle Name
Clarification of Response (if Necessary) Last Name	First Name	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office	First Name State/Province/Country	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary)	First Name State/Province/Country Director Promoter	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office	First Name State/Province/Country	ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary) Last Name City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name	First Name State/Province/Country Director Promoter	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary)	First Name State/Province/Country Director Promoter	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name Street Address 1 Clay Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country Director Promoter First Name	ZIP/Postal Code Street Address 2	
Clarification of Response (if Necessary) Last Name City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name	First Name State/Province/Country Director Promoter	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name Street Address 1 Clay Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country Director Promoter First Name	ZIP/Postal Code Street Address 2	
Clarification of Response (if Necessary) Last Name Street Address 1 Clay Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	First Name State/Province/Country First Name State/Province/Country	ZIP/Postal Code Street Address 2 ZIP/Postal Code	